

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030714

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

132

Primary Registration District No.

3021

Registrar's No.

156

STATE FILE NUMBER

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)

Trenton

Length of stay in 1b

Years

c. FULL NAME OF (If NOT in hospital, give location)

Wright Mem. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Grundy

admission)

c. CITY

OR TOWN

Trenton

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R # 2 -Trenton Twshp.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Eugene

Middle

Edgar

Last

Provance

4. DATE OF DEATH

Month

Aug. 4,

Day

1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-13-17

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

R. R. Conductor

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Grundy Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Clarence Provance

13b. MOTHER'S MAIDEN NAME

Arrena Broyles

14. NAME OF HUSBAND OR WIFE

Francine Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Francine Provance Trenton,

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Massive Pulmonary embolism Sept 30 minutes
Fracture 6th & 7th ribs left 104 Spont
right. Thrombosis in Cerebral 1962 2 weeks

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N.☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred

July 28 1962 age 45 and last saw him alive on Aug 4 1962

22a. SIGNATURE

Oliver F. Duffly MD.

22b. ADDRESS

Trenton Mo

22c. DATE SIGNED

8-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 7, 62

23c. NAME OF CEMETERY OR CREMATORY

Rest Haven Mem. Park

23d. LOCATION (City, town, or county)

Trenton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gipsen-Whitaker

Trenton, Mo.

25. DATE RECD. BY LOCAL REG.

8-29-62

26. REGISTRAR'S SIGNATURE

Gene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0405

20400

3

4 0

5 1

6

7 0

8 1

9800X

10 35

11 040

12 2-0

13 1-0

SEP 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Geo. H. Whitaker

Licensed Embalmer No. 4780

P. O. Address Green Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.